

<i>SERFF Tracking Number:</i>	<i>CAPC-125772121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AUTO-FO-CW-056</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>COMMERCIAL AUTO INITIAL FILING</i>		
<i>Project Name/Number:</i>	<i>COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056</i>		

## Filing at a Glance

Company: Capitol Indemnity Corporation

Product Name: COMMERCIAL AUTO INITIAL FILING SERFF Tr Num: CAPC-125772121 State: Arkansas

TOI: 20.0 Commercial Auto

SERFF Status: Closed

State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto

Co Tr Num: 08-AUTO-FO-CW-056

State Status: Fees verified and received

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,  
Llyweyia Rawlins

Author: Christine Kidd

Disposition Date: 08/13/2008

Date Submitted: 08/12/2008

Disposition Status: Approved

Effective Date Requested (New): 10/01/2008

Effective Date (New): 10/01/2008

Effective Date Requested (Renewal): 12/01/2008

Effective Date (Renewal):  
12/01/2008

State Filing Description:

## General Information

Project Name: COMMERCIAL AUTO INITIAL FILING

Status of Filing in Domicile: Authorized

Project Number: 08-AUTO-FO-CW-056

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CA-2007-OCH1

Reference Title: CA-AR-2007-FO-001

Advisory Org. Circular: LI-CA-2007-116

Filing Status Changed: 08/13/2008

State Status Changed: 08/13/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: Initial Filing - Division One – Commercial Lines Automobile – ISO Forms

Reference Number CA-AR-2007-FO-001

Filing ID CA-2007-OCHI

RE:Capitol Indemnity Corporation Independent Forms

<i>SERFF Tracking Number:</i>	<i>CAPC-125772121</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>COMMERCIAL AUTO INITIAL FILING</i>		
<i>Project Name/Number:</i>	<i>COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056</i>		

Company File Number: 08-AUTO-FO-CW-056  
Effective: 10-01-2008 New Business - 12-01-2008 Renewal  
NAIC No.: 0501-10472  
FEIN: 39-0971527

Capitol Indemnity Corporation (CIC) submits for your review and approval our initial filling and effective dates of Insurance Services Office (ISO) Division One Commercial Automobile Reference Forms, and our Independent forms. We have included in this filing a final printed copy of all forms along with a recap of the form number, edition date, and title.

We are subscribers to ISO and we have authorized ISO to file on our behalf. In addition to the ISO forms, CIC wishes to place on file several independent declarations, forms etc to be used with Division One – Commercial Lines Automobile.

We are submitting under a separate project number our Initial Commercial Automobile rates and rules.

Capitol Indemnity Corporation respectfully proposes that this filing apply to all policies effective on or after October 01, 2008 New and December 01, 2008 Renewal, or upon your earlier approval. Thank you in advance for your time and consideration of our filing.

## Company and Contact

### Filing Contact Information

Chris Kidd, Product Analyst	ckidd@capitol.net
PO Box 5900	(608) 829-4200 [Phone]
Madison, WI 53705-0900	

### Filing Company Information

Capitol Indemnity Corporation	CoCode: 10472	State of Domicile: Wisconsin
PO Box 5900	Group Code: 501	Company Type:
Madison, WI 53705	Group Name:	State ID Number:
(608) 829-4200 ext. [Phone]	FEIN Number: 39-0971527	

<i>SERFF Tracking Number:</i>	<i>CAPC-125772121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AUTO-FO-CW-056</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0001 Business Auto</i>
<i>Product Name:</i>	<i>COMMERCIAL AUTO INITIAL FILING</i>		
<i>Project Name/Number:</i>	<i>COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056</i>		

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SERFF Tracking Number: CAPC-125772121 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50  
Company Tracking Number: 08-AUTO-FO-CW-056  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: COMMERCIAL AUTO INITIAL FILING  
Project Name/Number: COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056

## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: \$50 PER FORMS FILING.  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Capitol Indemnity Corporation	\$50.00	08/12/2008	21901884

<i>SERFF Tracking Number:</i>	<i>CAPC-125772121</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Llyweyia Rawlins	08/13/2008	08/13/2008

<i>SERFF Tracking Number:</i>	<i>CAPC-125772121</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056</i>		

## Disposition

Disposition Date: 08/13/2008

Effective Date (New): 10/01/2008

Effective Date (Renewal): 12/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CAPC-125772121 State: Arkansas  
Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50  
Company Tracking Number: 08-AUTO-FO-CW-056  
TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
Product Name: COMMERCIAL AUTO INITIAL FILING  
Project Name/Number: COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	CAPITOL PREMIER BUSINESS AUTO ENDORSEMENT	Approved	Yes
Form	COMMON POLICY DECLARATION	Approved	Yes
Form	POLICY COVERAGE PART FORM SCHEDULE	Approved	Yes
Form	POLICY CHANGE ENDORSEMENT	Approved	Yes
Form	ADDITIONAL INTEREST SCHEDULE	Approved	Yes
Form	BUSINESS AUTO COVERAGE PART	Approved	Yes
Form	GARAGE COVERAGE PART DECLARATION	Approved	Yes
Form	BUSINESS AUTO PHYSICAL DAMAGE COVERAGE PART DECLARATION	Approved	Yes
Form	COMMERCIAL AUTO FORM SCHEDULE	Approved	Yes
Form	BUSINESS AUTO COVERAGE PART FORM SCHEDULE	Approved	Yes
Form	SIGNATURE PAGE	Approved	Yes

SERFF Tracking Number: CAPC-125772121 State: Arkansas

Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50

Company Tracking Number: 08-AUTO-FO-CW-056

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: COMMERCIAL AUTO INITIAL FILING

Project Name/Number: COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	CAPITOL PREMIER BUSINESS AUTO ENDORSEMENT	CCA 100	07-08	Endorsement/Amendment/Conditions		0.00	CCA 100 (07-08) Capitol Premier Endorsement.pdf
Approved	COMMON POLICY DECLARATION	CICG 174	01-08	Declaration News/Schedule		0.00	VIII CICG174 01-08 Common Declaration filing copy.pdf
Approved	POLICY COVERAGE PART FORM SCHEDULE	CICG 179	01-08	Declaration News/Schedule		0.00	VIII CICG179 01-08 policy form part filing copy.pdf
Approved	POLICY CHANGE ENDORSEMENT	CICG 349	10-95	Declaration News/Schedule		0.00	CICG349 _10-95_ Policy Change Dec.pdf
Approved	ADDITIONAL INTEREST SCHEDULE	CGE 067	08-03	Declaration News/Schedule		0.00	VIII CGE067_08 03_21 Additional Insured Schedule.pdf
Approved	BUSINESS AUTO COVERAGE	CCA 001	07-08	Declaration News/Schedule		0.00	CCA 001 (07-08) Business



SERFF Tracking Number: CAPC-125772121 State: Arkansas  
 Filing Company: Capitol Indemnity Corporation State Tracking Number: EFT \$50  
 Company Tracking Number: 08-AUTO-FO-CW-056  
 TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto  
 Product Name: COMMERCIAL AUTO INITIAL FILING  
 Project Name/Number: COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056

PART						Auto Coverage Form Declarations - Company Unique.pdf
Approved	GARAGE COVERAGE PART DECLARATION	CCA 002	07-08	Declaration News/Schedule	0.00	CCA 002 (07-08) Garage Coverage Part Declarations. pdf
Approved	BUSINESS AUTO PHYSICAL DAMAGE COVERAGE PART DECLARATION	CCA 003	07-08	Declaration News/Schedule	0.00	CCA 003 (07-08) Business Auto Physical Damage Coverage Part Declarations. pdf
Approved	COMMERCIAL AUTO FORM SCHEDULE	CCA 004	07-08	Declaration News/Schedule	0.00	CCA 004 (07-08) COMMERCIAL AUTO FORM SCHEDULE. pdf
Approved	BUSINESS AUTO COVERAGE PART FORM SCHEDULE	CCA 005	07-08	Declaration News/Schedule	0.00	CCA 005 (07-08) BUSINESS AUTO FORM SCHEDULE. pdf
Approved	SIGNATURE	BJP 190	03-06	Declaration New	0.00	BJP 190

<i>SERFF Tracking Number:</i>	<i>CAPC-125772121</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Capitol Indemnity Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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PAGE

s/Schedule

\_03-06\_  
signature  
page eff new  
officers.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## CAPITOL PREMIER BUSINESS AUTO ENDORSEMENT

This endorsement modifies insurance under the following:  
**Business Auto Coverage Form**

**With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.**

### A. Temporary Substitute Vehicle Physical Damage

The following is added to **Section I. COVERED AUTOS, C. Certain Trailers, Mobile Equipment And Temporary Substitute Autos.**

If Physical Damage Coverage is provided for any covered "auto" that is out of service because of its:

1. Breakdown;
2. Repair;
3. Servicing;
4. "Loss"; or
5. Destruction

And, another "auto" is used with the permission of its owner as a temporary substitute "auto" for that covered "auto", Physical Damage Coverage will be provided for that temporary substitute "auto" with the same terms and conditions as the covered "auto".

### B. Who Is An Insured

The following is added to **Section II – LIABILITY COVERAGE; A. 1. Who Is An Insured:**

#### Newly Acquired Organizations

Any organization you acquire or form after the policy inception, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority

interest, will qualify as a Named "Insured" if there is no other similar insurance available to that organization. However:

- (1) Coverage under this provision is afforded only until the 90<sup>th</sup> day after you acquire or form the organization or the end of the policy period, whichever is earlier;
- (2) This coverage does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and,
- (3) No person or organization is an "insured" with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown in the Named "Insured" in the Declarations.

### C. Supplementary Payments

**Section II – LIABILITY COVERAGE, 2. Coverage Extensions, a. Supplementary Payments (4)** is deleted in its entirety and replaced with:

#### Reasonable Expenses

All reasonable expenses incurred by the "insured" at our request, including actual "loss" of earnings up to \$500 a day because of time off from work.

### D. Towing

**Section III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 2., Towing** is deleted in its entirety and replaced with:

#### Towing

We will pay up to the limit shown in the Declarations for towing and labor costs incurred each time a covered "auto" of the private passenger or light truck (10,000 lb or less gross

vehicle weight) type is disabled. However, the labor must be performed at the place of disablement.

If no limit is shown in the Declarations for towing and labor costs, we will pay a maximum of \$100 for towing and labor costs each time a covered "auto" of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type is disabled.

## **E. Transportation Expense**

**Section III. PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, a. Transportation Expenses** is deleted in its entirety and replaced with:

### **Transportation Expenses**

We will pay up to \$50 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered "auto" of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type. We will pay only for those covered "autos" for which you carry either Comprehensive or Specified Causes of Loss including theft coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss", whichever comes first.

## **F. Coverage Extensions**

The following is added to **Section III. PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions**:

### **Loan / Lease Gap Coverage**

In the event of a total "loss" to a covered "auto" of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type, we will provide pay any unpaid amount due on the lease or loan, less:

- a. The amount paid under the Physical Damage Coverage Section of the policy; and
- b. Any:

- (1) Overdue lease/loan payments at the time of the "loss";
- (2) Financial penalties imposed under a lease for excessive use, abnormal wear and tear or high mileage;
- (3) Security deposits not returned by the lessor;
- (4) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease;
- (5) Carry-over balances from previous loans or leases; and
- (6) Any deductible applicable under this policy.

## **G. Limit of Insurance**

The following is added to **Section III – PHYSICAL DAMAGE COVERAGE, C. Limits of Insurance**:

### **Waiver of depreciation – Private Passenger Vehicle.**

If we deem a covered "auto", of the private passenger type, to be a total "loss" within 90 days of your purchase of the "auto", and it has not been previously titled under the motor vehicle laws of any state, at our option, we may:

- a. Replace the covered "auto" with a new "auto" of like make, model and year, or
- b. Pay you an amount equal to the cost of the covered "auto" new, including taxes.

This coverage does not apply to a leased "auto".

## **H. Deductible**

The following is added to **Section III – PHYSICAL DAMAGE COVERAGE, D. Deductible**:

### **Amended Deductible Provision**

If an "accident" causes a "loss" covered under the Commercial Auto Coverage Part, and also causes a "loss" to other property which is covered under a Commercial Property or Inland Marine Coverage Part, issued by Capitol Indemnity Corporation or Capitol Specialty Insurance Company to you, only the highest

deductible applicable to those coverages will be applied to the "accident".

The following is added to **Section III – PHYSICAL DAMAGE COVERAGE, D. Deductible:**

#### **Glass Repair – Waiver of Deductible**

Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" to glass if the glass is repaired rather than replaced.

### **I. Additional Coverage**

The following is added to **Section III – PHYSICAL DAMAGE COVERAGE:**

#### **Rental Reimbursement Coverage**

We will pay for rental reimbursement expenses incurred by your for the rental of an "auto": because of a covered "loss" to a covered "auto" of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type. Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto". No deductibles apply to this coverage.

We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:

- c. The number of days reasonably required to repair or replace the covered "auto". If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return to you; or
- d. 30 days.

Our payment is limited to the lesser of the following amounts;

- a. Necessary and actual expenses incurred; or
- b. \$50 per day.

If "loss" results from the total theft of a covered "auto" of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type, we will pay under this coverage only that amount of your rental reimbursement expenses which is

not already provided under **Section III PHYSICAL DAMAGE COVERAGE, 4. Transportation Expenses.**

If any other form or type of rental reimbursement coverage is attached to this policy, the Rental Reimbursement Coverage described above does not apply.

### **J. Loss Conditions**

The following is added to **Section IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event of Accident, Claim, Suit, or Loss, a.:**

#### **Amended Duties in the Event of Accident, Claim, Suit or Loss**

This duty applies only when the "accident" or "loss" is known to:

- a. You, if you are an individual;
- b. A Partner, if you are a partnership;
- c. A member or manager, if you are a limited liability company; or
- d. An executive officer or insurance manager, if you are a corporation.

The following is added to **Section IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Other Insurance:**

#### **Transfer Of Right Of Recovery Against Others To Us**

We waive any right of recovery we may have against a person or organization because of payment we make for "bodily injury" or "property damage" arising out of your use of a covered "auto" which occurs while under contract with that person or organization. The waiver applies only to a person or organization with whom you have a written contract or agreement requiring you to waive the right of recovery under this policy. The written contract or agreement must have been executed prior to the "accident" causing "bodily injury" or "property damage".

### **K. General Conditions**

**Section IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance, b.** is deleted and replaced with:

### **Hired Auto Physical Damage**

If hired "autos" are covered "autos" for Liability Coverage, and if Comprehensive, Specified Causes of Loss, or Collision Coverages are provided under the Coverage Form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type.

The most we will pay for "loss" to any hired "auto" is the lesser of:

- a. \$50,000;
- b. The actual cash value of the damaged hired "auto"; or
- c. The cost of repairing or replacing the damaged or stolen hired "auto".

Our obligation to pay for repair, return or replacement of a stolen hired "auto", will be reduced by a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type for the applicable coverage.

This Hired Auto Physical Damage Coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own of the private passenger or light truck (10,000 lbs. or less gross vehicle weight) type.

If Symbol 08 is listed on the Covered Autos section of the policy declarations page as applying to any of the Physical Damage Coverages, then Hired Auto Physical Damage Coverage described on this form does not apply.

The following is added to **Section IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 5. Other Insurance, b.**

#### **Fire Department Service Charge**

When the fire department is called to save or protect a covered "auto," its equipment, its contents, or occupants from a covered "loss," we will pay up to \$1,000 for your liability for fire department service charges:

- a. Assumed by contract or agreement prior to the covered "loss;" or
- b. Required by local ordinance.

No deductible applies to this additional coverage.

### **L. Definitions**

**Section V – DEFINITIONS, C. "Bodily Injury"** is deleted in its entirety and replaced with:

#### **Definitions**

"Bodily Injury" means bodily injury, sickness or disease sustained by a person including mental anguish or death resulting from any of these.

[Insert Company Name]  
[Insert Company Mailing Address]

**COMMON POLICY DECLARATIONS**

**RENEWAL OF NUMBER:**

<b>POLICY NUMBER</b>	<b>POLICY PERIOD</b>	<b>AGENCY</b>
----------------------	----------------------	---------------

<b>NAMED INSURED AND ADDRESS</b>	<b>AGENT</b>
----------------------------------	--------------

**POLICY PERIOD:**

12:01 A.M. Standard Time at the address of the insured stated herein

**BUSINESS DESCRIPTION:**

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

THIS POLICY CONSISTS OF THE FOLLOWING COVERAGE PARTS FOR WHICH A PREMIUM IS INDICATED. THIS PREMIUM MAY BE SUBJECT TO ADJUSTMENT.

<b>[Insert Coverage Part(s) and Premium</b>	<b>\$</b>
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<b>TOTAL ADVANCE PREMIUM</b>	<b>\$ ]</b>
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Premium shown is payable:	\$
TERRORISM RISK INSURANCE ACT OF [insert year]	\$

\* THE LIABILITY PREMIUM BASIS OF THIS POLICY IS SUBJECT TO AN AUDIT. ADDITIONAL OR RETURN PREMIUMS MAY BE DUE.

FORMS APPLICABLE TO ALL COVERAGE PARTS: See Attached Policy Coverage Part Form Schedule

Countersigned

By \_\_\_\_\_  
Authorized Representative



[Insert Company Name]  
[Insert Company Mailing Address]

POLICY COVERAGE PART  
FORM SCHEDULE

POLICY NUMBER		POLICY PERIOD		AGENCY	
NAMED INSURED AND ADDRESS			AGENT		

Forms and Endorsements applying to this Coverage Part and made a part of this policy at time of issue:

FORMS APPLICABLE TO ALL PREMISES AND COVERAGES

Form	Edition	Description
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POLICY NUMBER	POLICY PERIOD	AGENCY
---------------	---------------	--------

NAMED INSURED AND ADDRESS	AGENT
---------------------------	-------

CHANGE # \_\_\_\_\_

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

_____	Annual Additional Premium	_____	Additional Premium Due
_____	Annual Return Premium	_____	Return Premium Due
_____	Annual No Change In Premium	_____	Pro Rate Factor
		_____	Short Rate Factor

BELOW IS A DESCRIPTION OF THE CHANGES:

THIS CHANGE ENDORSEMENT WILL NOT BE USED TO AMEND POLICY CONDITIONS.

\_\_\_\_\_  
Authorized Representative

Date Issued \_\_\_\_\_

POLICY NUMBER	POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS		AGENT

[Insert Company Name]  
[Insert Company Mailing Address]

**BUSINESS AUTO COVERAGE PART  
DECLARATION**

**RENEWAL OF NUMBER:**

**ITEM-ONE**

POLICY NUMBER	POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS		AGENT

POLICY PERIOD:

12:01 A.M. Standard Time at the address of the insured stated herein.

**Form Of Business:**

☐  
☐

Corporation

Partnership

☐  
☐

Limited Liability Company

Other:

☐

Individual

Total Advance Premium: \$

THE COVERAGE PART PREMIUM FOR THIS COVERAGE PART IS SUBJECT TO AN AUDIT.  
ADDITIONAL OR RETURN PREMIUM MAY BE DUE.

**Endorsements Attached To This Policy:**

**See CCA 004 – Commercial Auto Coverage Part Forms Schedule**

COUNTERSIGNED

BY \_\_\_\_\_

## ITEM TWO

### Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Coverage Form next to the name of the coverage.**

Coverages	Covered Autos	Limit	Premium
Liability		\$	\$
Personal Injury Protection (Or Equivalent No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible.	\$
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Separately Stated In Each Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		Separately Stated In The Property Protection Insurance Endorsement Minus \$ Deductible For Each Accident.	\$
Auto Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

**ITEM TWO**

**Schedule Of Coverages And Covered Autos (Cont'd)**

<b>Coverages</b>	<b>Covered Autos</b>	<b>Limit</b>	<b>Premium</b>
<b>Physical Damage Comprehensive Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Four For Hired Or Borrowed Autos.	\$
<b>Physical Damage Specified Causes Of Loss Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Four For Hired Or Borrowed Autos.	\$
<b>Physical Damage Collision Coverage</b>		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Four For Hired Or Borrowed "Autos".	\$
<b>Physical Damage Towing And Labor</b>		\$ For Each Disablement Of A Private Passenger Auto.	\$
			\$
<b>Premium For Endorsements</b>			\$
<b>Estimated Total Premium*</b>			\$
*This Policy May Be Subject To Final Audit.			

**ITEM THREE**

**Schedule Of Covered Autos You Own**

Coverages are indicated for each vehicle by the presence of a premium amount shown.

Vehicle #	Year	Make	Model	Class Code	Vehicle Identification Number					
			Liability			PIP	Added PIP	Med Pay	UM	UIM
Physical Damage Coverage			Comp / SCL		ACV / Stated Value		Premium		Deductible	
			Collision		ACV / Stated Value		Premium		Deductible	
XXX	XXXX	XXXXXXXXXX	XXXXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
				\$		\$	\$	\$	\$	\$
			Comprehensive		ACV		\$XXXX		\$XXX	
			Collision		Stated Value		\$XXXX		\$XXX	
Garaging Location:										

**Vehicle XXX Total Premium \$XXX.XX**

XXX	XXXX	XXXXXXXXXX	XXXXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
				\$		\$	\$	\$	\$	\$
			Comprehensive		ACV		\$XXXX		\$XXX	
			Collision		Stated Value		\$XXXX		\$XXX	
Garaging Location:										

**Vehicle XXX Total Premium \$XXX.XX**

XXX	XXXX	XXXXXXXXXX	XXXXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
				\$		\$	\$	\$	\$	\$
			Comprehensive		ACV		\$XXXX		\$XXX	
			Collision		Stated Value		\$XXXX		\$XXX	

Garaging Location:

**Vehicle XXX Total Premium \$XXX.XX**

XXX	XXXX	XXXXXXXXXX	XXXXXX	XXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
				\$		\$	\$	\$	\$	\$
			Comprehensive		ACV		\$XXXX		\$XXX	
			Collision		Stated Value		\$XXXX		\$XXX	
Garaging Location:										

**Vehicle XXX Total Premium \$XXX.XX**

# ITEM FOUR

## Schedule Of Hired Or Borrowed Covered Auto Coverage And Premiums

Liability Coverage – Rating Basis, Cost Of Hire				
State	Estimated Cost Of Hire For Each State	Rate Per Each \$100 Cost Of Hire	Factor (If Liability Coverage Is Primary)	Premium
	\$	\$		\$
Liability Coverage – Rating Basis, Number Of Days – (For Mobile Or Farm Equipment – Rental Period Basis)				
State	Estimated Number Of Days Equipment Will Be Rented	Base Premium	Factor	Premium
		\$		\$
<b>Total Premium</b>				<b>\$</b>

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or "employees" or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

## Physical Damage Coverage

Coverages	Limit Of Insurance		
Comprehensive	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Specified Causes Of Loss	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
Collision	Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto.		
	Estimated Annual Cost Of Hire	Rate Per Each \$100 Annual Cost Of Hire	Premium
	\$	\$	\$
<b>Total Premium:</b>			<b>\$</b>



**ITEM FIVE****Schedule For Non-Ownership Liability**

<b>Named Insured's Business</b>	<b>Rating Basis</b>	<b>Number</b>	<b>Premium</b>
Other Than Garage Service Operations And Other Than Social Service Agencies	Number Of Employees		\$
	Number Of Partners		\$
Garage Service Operations	Number Of Employees Whose Principal Duty Involves The Operation Of Autos		\$
Social Service Agencies	Number Of Employees		\$
	Number Of Volunteers		\$
<b>Total Premiums</b>			<b>\$</b>

**ITEM SIX****Schedule For Gross Receipts Or Mileage Basis – Liability Coverage – Public Auto Or Leasing Rental Concerns**

<b>Location No:</b>			
<b>(Check One)</b>		Gross Receipts (Per \$100)	Mileage (Per Mile)
<b>Estimated Yearly:</b>			
<b>Rates</b>			
<b>Liability</b>		\$	
<b>Auto Medical Payments</b>		\$	
<b>Medical Expense Benefits (VA Only)</b>		\$	
<b>Income Loss Benefits (VA Only)</b>		\$	
<b>Premiums</b>			
<b>Liability</b>		\$	
<b>Auto Medical Payments</b>		\$	
<b>Medical Expense Benefits (VA Only)</b>		\$	
<b>Income Loss Benefits (VA Only)</b>		\$	

<b>Location Number</b>	<b>Address</b>

[Insert Company Name]  
[Insert Company Mailing Address]

**GARAGE COVERAGE PART  
DECLARATION**

**RENEWAL OF NUMBER:**

**ITEM-ONE**

POLICY NUMBER	POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS	AGENT	

**POLICY PERIOD:**

12:01 A.M. Standard Time at the address of the insured stated herein.

**Form Of Business:**

☐  
☐

Corporation

Partnership

☐  
☐

Limited Liability Company

Other:

☐

Individual

Total Advance Premium:

\$XXXXXXXXXXXXXXXX

THE COVERAGE PART PREMIUM FOR THIS COVERAGE PART IS SUBJECT TO AN AUDIT.  
ADDITIONAL OR RETURN PREMIUM MAY BE DUE.

<b>Endorsements Attached To This Policy:</b>
<b>See CCA 004 – Business Auto Coverage Part Forms Schedule</b>

COUNTERSIGNED

BY \_\_\_\_\_

## ITEM TWO

### Schedule Of Coverages And Covered Autos

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Garage Coverage Form next to the name of the coverage. Entry of a symbol next to Liability provides coverage for "garage operations".**

Coverages	Covered Autos	Limit	Premium
Liability		<p><b>Each "Accident" "Garage Operations"</b></p> <p>\$ "Auto" Only</p> <p>\$ Other Than "Auto" Only</p> <p><b>Aggregate – "Garage Operations"</b></p> <p>\$ Other Than "Auto" Only</p>	\$
Personal Injury Protection (Or Equivalent No-Fault Coverage)		<p>Separately Stated In Each Personal Injury Protection Endorsement Minus</p> <p>\$ Deductible.</p>	\$
Added Personal Injury Protection (Or Equivalent Added No-Fault Coverage)		Separately Stated In Each Added Personal Injury Protection Endorsement.	\$
Property Protection Insurance (Michigan Only)		<p>Separately Stated In The Property Protection Insurance Endorsement Minus</p> <p>\$ Deductible For Each Accident.</p>	\$
Medical Payments		\$	\$
Medical Expense And Income Loss Benefits (Virginia Only)		Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement.	\$
Uninsured Motorists		\$	\$
Underinsured Motorists (When Not Included In Uninsured Motorists Coverage)		\$	\$

## ITEM TWO

### Schedule Of Coverages And Covered Autos (Cont'd)

Garagekeepers Comprehensive Coverage		Separately Stated For Each Location In Item Six	\$
Garagekeepers Specified Causes Of Loss Coverage			\$
Garagekeepers Collision Coverage			\$
Physical Damage Comprehensive Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto, But No Deductible Applies To Loss Caused By Fire Or Lightning. See Item Seven For Dealers Autos.	\$
Physical Damage Specified Causes Of Loss Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto For Loss Caused By Mischief Or Vandalism. See Item Seven For Dealers Autos.	\$
Physical Damage Collision Coverage		Actual Cash Value Or Cost Of Repair, Whichever Is Less, Minus \$ Deductible For Each Covered Auto. See Item Seven For Dealers Autos.	\$
Physical Damage Towing And Labor		\$ For Each Disablement Of A Private Passenger Auto.	\$
			\$
Premium For Endorsements			\$
Estimated Total Premium*			\$
*This Policy May Be Subject To Final Audit.			

## ITEM THREE

### Locations Where You Conduct Garage Operations

Location Number	Address State Your Main Business Location First

**ITEM FOUR****Liability Coverage – Premiums**

<b>Location Number:</b>			
<b>Classes Of Operators</b>	<b>Rating Factor(s)</b>	<b>Number Of Persons</b>	<b>Rating Units</b>
Class I – Employees Regular Operators			
Class I – Employees All Others			
Class II – Non-Employees Under Age 25			
Class II – Non-Employees Age 25 Or Over			
All Employees (Only For Trailer Dealers)			
<b>Total Rating Units</b>			
<b>Premiums</b>			
Liability Premium	\$		
Personal Injury Protection Premium	\$		
Property Protection Insurance Premium (MI Only)	\$		
Medical Expense Benefits Premium (VA Only)	\$		
Income Loss Benefits Premium (VA Only)	\$		

**DEFINITIONS****Class I – Employees**

- Regular Operator** – Proprietors, partners and officers active in the "garage operations", salespersons, general managers, service managers, any "employee" whose principal duty involves the operation of covered "autos" or who is furnished a covered "auto".
- All Others** – All other "employees".

**NOTE:**

1. Part-time "employees" working an average of 20 hours or more a week for the number of weeks worked are to be counted as 1 rating unit each.
2. Part-time "employees" working an average of less than 20 hours a week for the number of weeks worked are to be counted as 1/2 rating unit each.

**Class II – Non-Employees**

Any of the following persons who are regularly furnished with a covered "auto": Inactive proprietors, partners or officers and their relatives and the relatives of any person described in Class I.

## ITEM FIVE

### Liability Coverage For Your Customers

Unless indicated by "X" below, limited liability coverage is provided for your customers in accordance with Paragraph **a.(2)(d)** of Who Is An Insured under Section **II** – Liability Coverage.

☐ If this box is checked Paragraph **a.(2)(d)** of Who Is An Insured under Section **II** – Liability Coverage does not apply.

## ITEM SIX

### Garagekeepers Coverages And Premiums

Location Number:		
Coverages	Limit Of Insurance And Deductible	Premium
<b>Comprehensive Or Specified Causes Of Loss</b>	\$	\$
	\$	
	\$	
	\$	
	\$	
<b>Collision</b>	\$	\$
	\$	
	\$	
	\$	
	\$	

## ITEM SIX

### Garagekeepers Coverages And Premiums (Cont'd)

#### Direct Coverage Options

Indicate below with an "X" which, if any, Direct Coverage Option is selected.

☐ **Excess Insurance**

If this box is checked, Garagekeepers Coverage remains applicable on a legal liability basis. However, coverage also applies without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" on an excess basis over any other collectible insurance regardless of whether the other insurance covers your or any other "insured's" interest or the interest of the "customer's auto's" owner.

☐ **Primary Insurance**

If this box is checked, Garagekeepers Coverage is changed to apply without regard to your or any other "insured's" legal liability for "loss" to a "customer's auto" and is primary insurance.

# ITEM SEVEN

## Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis

Each of the following Physical Damage Coverages that is indicated in Item Two applies only to the types of "autos" and interests indicated below by "X".

Coverages	Types Of Autos		Interests Covered			
	New Autos	Used Autos, Demonstrators And Service Vehicles	Your Interest In Covered Autos You Own	Your Interest Only In Financed Covered Autos	Your Interest And The Interest Of Any Creditor Named As A Loss Payee	All Interests In Any Auto Not Owned By You Or Any Creditor While In Your Possession On Consignment For Sale
Comprehensive						
Specified Causes Of Loss						
Collision						

Location Number:		
Coverage	Limit Of Insurance And Deductible	Premium
Comprehensive Or Specified Causes Of Loss	\$ \$ \$ \$ \$ \$ \$ Minus Deductible For Each Covered Auto For Loss Caused By Theft Or Mischief Or Vandalism Subject To Maximum Deductible For All Such Loss In Any One Event; Or Minus Deductible For All Perils Subject To Maximum Deductible For All Such Loss In Any One Event.	\$

**ITEM SEVEN****Physical Damage Coverage – Types Of Covered Autos And Interests In These Autos – Premiums – Reporting Or Nonreporting Basis (Cont'd)**

<b>Collision (All Locations)</b>	\$	Minus			
	\$	Deductible For Each Covered Auto.			
	<b>Blanket Annual Collision Rates</b>			<b>Adjustment Factor</b>	<b>Premium</b>
	First \$50,000	\$50,001 to \$100,000	Over \$100,000		\$

<b>Total Premium For All Locations</b>	<b>\$</b>
--	-----------

<b>Our limit of insurance for "loss" at locations other than those stated in Item Three.</b>	
\$	Additional locations where you store covered "autos"
\$	In transit

**Premium Basis** – Reporting (Quarterly or Monthly) or Nonreporting (Indicate Basis Agreed Upon by "X")

☐ **Reporting Basis** (Quarterly or Monthly as indicated below by "X")

You must report to us on our form the location of your covered "autos" and their total value at each such location. For your main sales location identified as location no. 1, you must include the total value of all covered "autos" you have furnished or made available to yourself, your executives, your "employees" or family members and other Class II – Non-Employees, and covered "autos" that are temporarily displayed or stored at locations other than those stated in Item Three. For your main sales location you must include the total value of all service vehicles.

**Your Reporting Basis Is:**

☐ **Quarterly**

You must give us your first report by the fifteenth of the fourth month after the policy begins. Your subsequent reports must be given to us by the fifteenth of every third month. Your reports must contain the value for the last business day of every third month coming within the policy period.

☐ **Monthly**

You must give us your reports by the fifteenth of every month. Your reports will contain the total values you had on the last business day of the preceding month.

Premiums will be calculated pro rata of the annual premium for the exposures contained in each report. At the end of each policy year we will add the monthly premiums or the quarterly premiums to determine your final premium due for the entire policy year. The estimated total premiums shown above will be credited against the final premium due.

☐ **Nonreporting Basis**

Stated limit of insurance shown above applies.

<b>Loss Payee</b> – Any loss is payable as interest may appear to you and:



**ITEM EIGHT**

**Medical Payments Coverage. Refer To Item Nine For Covered Autos Insured On A Specified Car Basis.**

Coverage	Premium Determination	Premium
Auto Medical Payments Only	Auto Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises And Operations Medical Payments (Does Not Apply To Bodily Injury Caused By Any Auto)	Premises And Operations Medical Payments Premium Equals % Of The Liability Premium.	\$
Premises And Operations And Auto Medical Payments	Premises And Operations And Auto Medical Payments Premium Equals % Of The Liability Premium.	\$

**ITEM NINE**

**Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis**

<b>Covered Auto Number:</b>							
Town And State Where The Covered Auto Will Be Principally Garaged							
Description (Year, Model, Trade Name, Body Type, Serial Number (S), Vehicle Identification Number (VIN))							
<b>Purchased:</b>		Original Cost New		\$			
		Actual Cost New (N) Or Used (U)		\$			
<b>Classification</b>							
Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code
				Liab.	Phy. Dam.		
Except For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named To The Right As Interests May Appear At The Time Of The Loss.							

**ITEM NINE****Schedule Of Covered Autos Which Are Furnished To Someone Other Than A Class I Or Class II Operator Or Which Are Insured On A Specified Car Basis (Cont'd)**

<b>Coverages – Premiums, Limits And Deductibles</b> (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding Item Two column applies instead.)		
<b>Coverages</b>	<b>Limit</b>	<b>Premium</b>
<b>Liability</b>	\$	\$
<b>Personal Injury Protection</b>	Stated In Each Personal Injury Protection Endorsement Minus \$ Deductible Shown	\$
<b>Added Personal Injury Protection</b>	Stated In Each Added Personal Injury Protection Endorsement	\$
<b>Property Protection Insurance (Michigan Only)</b>	Stated In The Property Protection Insurance Endorsement Minus \$ Deductible Shown	\$
<b>Auto Medical Payments</b>	\$	\$
<b>Medical Expense And Income Loss Benefits (Virginia Only)</b>	Stated In Each Medical Expense And Income Loss Benefits Endorsement For Each Person	\$
<b>Comprehensive</b>	Stated In Item Two Minus \$ Deductible Shown	\$
<b>Specified Causes Of Loss</b>	Stated In Item Two Minus \$ Deductible Shown	\$
<b>Collision</b>	Stated In Item Two Minus \$ Deductible Shown	\$
<b>Towing And Labor</b>	\$ Per Disablement	\$

**ITEM TEN****Liability Premium For Pick Up And Delivery Of Autos – Non-Franchised Dealers Only**

<b>Number Of Driver Trips</b>	<b>Rate</b>	<b>Premium</b>
51-200 Miles		\$
Over 200 Miles		\$
<b>Total Premium(s)</b>		\$

[Insert Company Name]  
[Insert Company Mailing Address]

**BUSINESS AUTO PHYSICAL  
DAMAGE COVERAGE PART  
DECLARATION**

**RENEWAL OF NUMBER:**

**ITEM-ONE**

POLICY NUMBER	POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS	AGENT	

**POLICY PERIOD:**

12:01 A.M. Standard Time at the address of the insured stated herein.

**Form Of Business:**

☐  
☐

Corporation  
Partnership

☐  
☐

Limited Liability Company  
Other:

☐

Individual

Total Advance Premium:

\$XXXXXXXXXXXXXXXX

THE COVERAGE PART PREMIUM FOR THIS COVERAGE PART IS SUBJECT TO AN AUDIT.  
ADDITIONAL OR RETURN PREMIUM MAY BE DUE.

<b>Endorsements Attached To This Policy:</b>
<b>See CCA 004 – Business Auto Coverage Part Forms Schedule</b>

COUNTERSIGNED

BY \_\_\_\_\_

**ITEM TWO****SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Business Auto Physical Damage Coverage Form next to the name of the coverage.

<b>COVERAGES</b>	<b>COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Business Auto Physical Damage Coverage Form shows which autos are covered autos.)</b>	<b>LIMIT  THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS</b>	<b>PREMIUM</b>
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO. See ITEM FOUR For Hired Or Borrowed "Autos".	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
			\$
<b>PREMIUM FOR ENDORSEMENTS</b>			<b>\$</b>
<b>*ESTIMATED TOTAL PREMIUM</b>			<b>\$</b>

\*This policy may be subject to final audit.

# ITEM THREE

## SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				PURCHASED				TERRITORY
	Year, Model, Trade Name, Body Type Serial Number (S) Vehicle Identification Number (VIN)				Original Cost New	Actual Cost & NEW (N) USED (U)		Town & State Where The Covered Auto Will Be Principally Garaged	
1					\$				
2					\$				
3					\$				
4					\$				
5					\$				
Covered Auto No.	CLASSIFICATION								EXCEPT For Towing, All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At the Time Of The Loss.
	Radius Of Operation	Business Use s=service r=retail c=commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor Liab. Phy. Dam.		Secondary Rating Factor	Code	
1									
2									
3									
4									
5									
Covered Auto No.	COVERAGES – PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)								
	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR		
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium	
1	\$	\$	\$	\$	\$	\$	\$	\$	
2	\$	\$	\$	\$	\$	\$	\$	\$	
3	\$	\$	\$	\$	\$	\$	\$	\$	
4	\$	\$	\$	\$	\$	\$	\$	\$	
5	\$	\$	\$	\$	\$	\$	\$	\$	
<b>Total Premium</b>		\$		\$		\$		\$	

**ITEM FOUR****SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS****PHYSICAL DAMAGE COVERAGE**

<b>COVERAGES</b>	<b>LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE</b>	<b>ESTIMATED ANNUAL COST OF HIRE</b>	<b>RATE PER EACH \$100 ANNUAL COST OF HIRE</b>	<b>PREMIUM</b>
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
<b>TOTAL PREMIUM</b>				<b>\$</b>

[Insert Company Name]  
[Insert Company Mailing Address]

COMMERCIAL AUTO  
FORM SCHEDULE

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS		AGENT

Forms and Endorsement apply to the Coverage Part and made a part of this policy at time of issue:

Countersigned

By \_\_\_\_\_  
Authorized Representative

[Insert Company Name]  
[Insert Company Mailing Address]

BUSINESS AUTO COVERAGE PART  
FORM SCHEDULE

RENEWAL OF NUMBER:

POLICY NUMBER	POLICY PERIOD	AGENCY
NAMED INSURED AND ADDRESS		AGENT

Forms and Endorsement apply to the Coverage Part and made a part of this policy at time of issue:

Countersigned

By \_\_\_\_\_  
Authorized Representative



## CAPITOL INDEMNITY CORPORATION

In Witness Whereof, we have caused this policy to be executed and attested, and, if required by state law, this policy shall not be valid unless countersigned by our authorized representative.

Secretary

Handwritten signature of Alan L. Ogebi in cursive script.

President

Handwritten signature of James J. McIntyre in cursive script.

SERFF Tracking Number:	CAPC-125772121	State:	Arkansas
Filing Company:	Capitol Indemnity Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	08-AUTO-FO-CW-056		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0001 Business Auto
Product Name:	COMMERCIAL AUTO INITIAL FILING		
Project Name/Number:	COMMERCIAL AUTO INITIAL FILING/08-AUTO-FO-CW-056		

## Supporting Document Schedules

		<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	Approved	08/13/2008

### Comments:

Please note an additional page three was added in order to list all eleven forms included in this filing. Thank you.

### Attachments:

AR P&C TRANS DOC 08-08.pdf

AR P&C TRANS DOC 2 08-08.pdf

## Property &amp; Casualty Transmittal Document

Reset Form

**1. Reserved for Insurance  
Dept. Use Only****2. Insurance Department Use only**

- a. Date the filing is received:
- b. Analyst:
- c. Disposition:
- d. Date of disposition of the filing:
- e. Effective date of filing:
- |                  |  |
|------------------|--|
| New Business     |  |
| Renewal Business |  |
- f. State Filing #:
- g. SERFF Filing #:
- h. Subject Codes

<b>3. Group Name</b>					<b>Group NAIC #</b>
<b>4. Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>	
Capitol Indemnity Corporation	WI	10472	39-0971527		

<b>5. Company Tracking Number</b>	08-AUTO-FO-CW-056
-----------------------------------	-------------------

**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

<b>6. Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
Chris Kidd	Product Analyst	800-475-4450	608-829-7402	ckidd@capitol.net
<b>7. Signature of authorized filer</b>		Chris Kidd		
<b>8. Please print name of authorized filer</b>		Chris Kidd		

Digitally signed by Chris Kidd  
 DN: cn=Chris Kidd, c=US, o=Capitol Indemnity Corporation, email=ckidd@capitol.net  
 Date: 2008.08.12 13:01:30 -05'00'

**Filing information** (see General Instructions for descriptions of these fields)

<b>9. Type of Insurance (TOI)</b>	20.0 Commercial Auto			
<b>10. Sub-Type of Insurance (Sub-TOI)</b>	20.0001 Business Auto			
<b>11. State Specific Product code(s)(if applicable)[See State Specific Requirements]</b>				
<b>12. Company Program Title (Marketing title)</b>				
<b>13. Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
<b>14. Effective Date(s) Requested</b>	New:	10-01-2008	Renewal:	12-01-2008
<b>15. Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>16. Reference Organization (if applicable)</b>				
<b>17. Reference Organization # &amp; Title</b>				
<b>18. Company's Date of Filing</b>	08-12-2008			
<b>19. Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

## Property & Casualty Transmittal Document—

**20. This filing transmittal is part of Company Tracking #** 08-AUTO-FO-CW-056

**21. Filing Description** [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

RE: Initial Filing - Division One – Commercial Lines Automobile – ISO Forms  
Reference Number CA-AR-2007-FO-001  
Filing ID CA-2007-OCH1

RE:Capitol Indemnity Corporation Independent Forms  
Company File Number: 08-AUTO-FO-CW-056  
Effective: 10-01-2008 New Business - 12-01-2008 Renewal  
NAIC No.: 0501-10472  
FEIN: 39-0971527

Capitol Indemnity Corporation (CIC) submits for your review and approval our initial filling and effective dates of Insurance Services Office (ISO) Division One Commercial Automobile Reference Forms, and our Independent forms. We have included in this filing a final printed copy of all forms along with a recap of the form number, edition date, and title.

We are subscribers to ISO and we have authorized ISO to file on our behalf. In addition to the ISO forms, CIC wishes to place on file several independent declarations, forms etc to be used with Division One – Commercial Lines Automobile.

We are submitting under a separate project number our Initial Commercial Automobile rates and rules.

Capitol Indemnity Corporation respectfully proposes that this filing apply to all policies effective on or after October 01, 2008 New and December 01, 2008 Renewal, or upon your earlier approval. Thank you in advance for your time and consideration of our filing.

[View Complete Filing Description](#)

**22. Filing Fees** (Filer must provide check # and fee amount if applicable)  
[If a state requires you to show how you calculated your filing fees, place that calculation below]

**Check #:**   
**Amount:**

PAYMENT VIA EFT.

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

**FORM FILING SCHEDULE**(This form must be provided **ONLY** when making a filing that includes forms)(Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-AUTO-FO-CW-056
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	POLICY JACKET - SIGNATURE PAGE	BJP 190 03-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02	BUSINESS AUTO COVERAGE PART DECLARATION	CCA 001 07-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03	GARAGE COVERAGE PART DECLARATION	CCA 002 07-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04	BUSINESS AUTO PHYSICAL DAMAGE COVERAGE PART DECLARATION	CCA 003 07-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	COMMERCIAL AUTO FORM SCHEDULE	CCA 004 07-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	BUSINESS AUTO COVERAGE PART FORM SCHEDULE	CCA 005 07-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	CAPITOL PREMIER BUSINESS AUTO ENDORSEMENT	CCA 100 07-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08	ADDITIONAL INTEREST SCHEDULE	CGE 067 08-03	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09	COMMON POLICY DECLARATION	CICG 174 01-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10	POLICY COVERAGE PART FORM SCHEDULE	CICG 179 01-08	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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**FORM FILING SCHEDULE**

(This form must be provided ONLY when making a filing that includes forms)  
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

<b>1.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-AUTO-FO-CW-056
<b>2.</b>	<b>This filing corresponds to rate/rule filing number</b> (Company tracking number of rate/rule filing, if applicable)	

<b>3.</b>	<b>Form Name /Description/Synopsis</b>	<b>Form # Include edition date</b>	<b>Replacement Or withdrawn?</b>	<b>If replacement, give form # it replaces</b>	<b>Previous state filing number, if required by state</b>
01	POLICY CHANGE ENDORSEMENT	CICG 349 10-95	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

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